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DATE: July 27, 2005

TO: U.S. Patent & Trademark Office

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FROM: Steven M. Freeland, Reg. No. 42,555 *SM 2*

Attorney Docket No.: 3084.028

U.S. Application No.: 10/816,228

Filing Date: March 31, 2004

Inventor: Chaves et al.

Art Unit: 2875

Examiner: Laura K. Tso

NO. OF PAGES: 20 pages (including this 1 page coversheet)

DISPATCHED BY: Julie Freiburger

Transmitted herewith for filing via facsimile:

1. Transmittal
2. Fee Transmittal
3. Petition to Accept Unintentionally Delayed Claim of Priority (3 pgs., in duplicate)
4. Preliminary Amendment (11 pages)

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422872v1

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

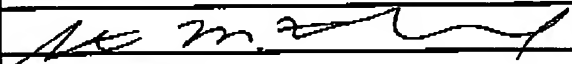
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/816,228	
	Filing Date	March 31, 2004	
	First Named Inventor	CHAVES	
	Art Unit	2875	
	Examiner Name	TSO	
Total Number of Pages in This Submission	5	Attorney Docket Number	3084.028


ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fitch, Even, Tabin & Flannery		
Signature			
Printed name	Steven M. Freeland		
Date	July 27, 2005	Reg. No.	42,555

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Julie Freiburger	Date	July 27, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUL 27 2005

PTO/SB17 (12-04)

Approved for use through 07/31/2008; OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
FOR FY 2005**

Express Mail Label No. N/A

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$1370)

Complete If Known

Application Number	10/816,228
Filing Date	March 31, 2004
First Named Inventor	Chaves
Examiner Name	Tso
Art Unit	2875
Attorney Docket No.	3084.028

METHOD OF PAYMENT (Check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 50-1618 Deposit Account Name: Sinsheimer, Schiebelhut & Baggett
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING FEE, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ -20 or HP = _____ X _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ -3 or HP = _____ X _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEEIf the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ -100= _____ /50= _____ (round up to a whole number) X _____ = _____

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other: Petition to Accept Unintentionally Delayed Claim of Priority

1370

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	42,555	Telephone	(858)552-1311
Name (Print/Type)	Steven M. Freeland	Date	July 27, 2005		

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